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Claims

1. A system providing access by healthcare payer organization personnel to information maintained by a healthcare provider organization, comprising:

an acquisition processor for acquiring and collating information from at least one

healthcare provider organization information system including,

- (a) patient medical eligibility determination related information,
- (b) patient admission, discharge and transfer related information, and
- (c) patient clinical information;

an authentication processor for verifying a healthcare payer organization user is authorized to access the acquired collated patient information in response to user entered identification data; and

a user interface generator for providing data representing a display image including elements of the acquired and collated information to an authorized user in response to user command.

2. A system according to claim 1, wherein the acquired and collated information includes, at least one of:

- (a) image representative data associated with a patient record,
- (b) patient demographic information,
- (c) a patient census list, and
- (d) patient record scanned documents.

3. A system according to claim 1, wherein the user interface generator provides data representing a display image including user selected combinations of information elements (a), (b) and (c).

4. A system according to claim 1, wherein the acquired and collated information includes patient medical eligibility determination related information, patient admission, discharge and transfer related information, and patient clinical information derived from at least one of:

- (a) multiple different locations,
- (b) multiple different healthcare provider organizations, and

(c) multiple different computerized information systems.

5. A system according to claim 1, wherein the healthcare payer organization user is provided with real-time access to the acquired and collated information.

6. A healthcare management system comprising:

a communication interface permitting communications between a healthcare provider system and the healthcare management system, and permitting communications between a healthcare payer system and the healthcare management system;

an acquisition processor for:

receiving healthcare information from the healthcare provider system via the communication interface, wherein the healthcare information includes case management information for a patient being cared for by a healthcare provider operating the healthcare provider system; and

receiving requests for the healthcare information from the healthcare payer system via the communication interface;

an authentication processor for verifying that:

a user of the healthcare provider system is authorized to send the healthcare information to the healthcare management system responsive to receiving the healthcare information from the healthcare provider system; and

a user of the at least one healthcare payer system is authorized to access the healthcare information responsive to receiving the requests for the healthcare information from the healthcare payer system; and

a memory device for storing the healthcare information responsive to verifying that the user of the healthcare provider system is authorized to send the healthcare information to the healthcare management system; and

a user interface generator for providing data, representing a display image, including elements of the stored healthcare information, to the healthcare payer system responsive to verifying that the user of the healthcare payer system is authorized to access the healthcare information.

7. A healthcare management system according to claim 6, wherein the authentication processor verifies that:

the user of the healthcare provider system is authorized to send the healthcare information responsive to identification data entered by the user of the healthcare provider system; and

the user of the healthcare payer system is authorized to access at least some of the healthcare information responsive to identification data entered by the user of the at least one healthcare payer system.

8. A healthcare management system according to claim 6, wherein the user interface generator provides the data, representing the display image, responsive to a command by the user of the healthcare payer system.

9. A healthcare management system according to claim 6, wherein the user interface generator provides:

a first rejection message to the healthcare provider system via the communication interface responsive to verifying that the user of the healthcare provider system is not authorized to send the healthcare information, and

a second rejection message to the healthcare payer system via the communication interface responsive to verifying that the user of the healthcare payer system is not authorized to access the healthcare information.

10. A healthcare management system according to claim 6,

wherein the memory device stores the requests for the healthcare information from the healthcare payer system, representing healthcare payer activity in the healthcare management system,

wherein the acquisition processor receives requests for the healthcare payer activity from the healthcare provider system via the communication interface,

wherein the authentication processor verifies that:

a user of the healthcare provider system is authorized to access the healthcare payer activity responsive to receiving the requests for the healthcare payer activity from the healthcare provider system, and

wherein the user interface generator provides data, representing the display image, including elements of the stored healthcare payer activity, to the healthcare provider system responsive to verifying that the user of the healthcare provider system is authorized to access the healthcare payer activity.

11. A healthcare management system according to claim 10, wherein the user interface generator provides:

a third rejection message to the healthcare provider system via the communication interface responsive to verifying that the user of the healthcare provider system is not authorized to access the healthcare payer activity.

12. A healthcare management system according to claim 6, wherein the case management information further comprises:

- (a) patient medical eligibility determination related information,
- (b) patient admission, discharge and transfer related information, and
- (c) patient clinical information.

13. A healthcare management system according to claim 12, wherein the user interface generator provides data, representing the display image, including user selected combinations of the case management information (a), (b) and (c).

14. A healthcare management system according to claim 6, wherein the case management information further comprises:

the acquired and collated information includes, at least one of, (a) image representative data associated with a patient record, (b) patient demographic information, (c) a patient census list and (d) patient record scanned documents.

15. A healthcare management system according to claim 6, wherein the case management information further comprises:

- patient medical eligibility determination related information,
- patient admission, discharge and transfer related information, and
- 5 patient clinical information derived from at least one of:
 - (a) multiple different locations,
 - (b) multiple different healthcare provider organizations, and
 - (c) multiple different computerized information systems.

16. A healthcare management system according to claim 6, wherein the user of the healthcare payer system is provided with real-time access to the case management information.

17. A method for managing healthcare information comprising the steps of:

receiving healthcare information from healthcare provider system, wherein the healthcare information includes case management information for a patient being cared for by a healthcare provider operating the healthcare provider system;

verifying that a user of the healthcare provider system is authorized to send the healthcare information responsive to receiving the healthcare information from the healthcare provider system;

storing the healthcare information responsive to verifying that the user of the healthcare provider system is authorized to send the healthcare information;

receiving requests for the healthcare information from healthcare payer system;

verifying that a user of the healthcare payer system is authorized to access the healthcare information responsive to receiving the requests for the healthcare information from the healthcare payer system; and

providing data, representing a display image, including elements of the stored healthcare information, to the healthcare payer system responsive to verifying that the user of the healthcare payer system is authorized to access the healthcare information.

18. A method for managing healthcare information according to claim 17 further comprising the steps of:

providing a first rejection message to the healthcare provider system responsive to verifying that the user of the healthcare provider system is not authorized to send the healthcare information, and

5 providing a second rejection message to the healthcare payer system responsive to verifying that the user of the healthcare payer system is not authorized to access the healthcare information.

19. A method for managing healthcare information according to claim 17 further comprising the steps of:

10 storing the requests for the healthcare information from the healthcare payer system representing healthcare payer activity in the healthcare management system,

receiving requests for the healthcare payer activity from the healthcare provider system,

15 verifying that a user of the healthcare provider system is authorized to access the healthcare payer activity responsive to receiving the requests for the healthcare payer activity from the healthcare provider system, and

providing data, representing the display image, including elements of the stored healthcare payer activity, to the healthcare provider system responsive to verifying that the user of the healthcare provider system is authorized to access the healthcare payer activity.

20 20. A method for managing healthcare information according to claim 19 further comprising the steps of:

25 providing a third rejection message to the healthcare provider system responsive to verifying that the user of the healthcare provider system is not authorized to access the healthcare payer activity.